

B6F (Official Form 6F) (12/07)

In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564

(If known)

**AMENDED
SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5148-8750-5165-5121 Barclaycard Po Box 8826 Wilmington, DE 19899-8826			Incurred: 12/13 Consideration: Credit Cards				Notice Only
ACCOUNT NO. 000154883635121 Barclays Bank Delaware 125 S West St Wilmington, DE 19801			Incurred: 2012 Consideration: Revolving charge account				1,432.00
ACCOUNT NO. 000154883635121 Barclays Bank Delaware* Attn: Bankruptcy P.O. Box 8801 Wilmington, DE, 19899							Notice Only
ACCOUNT NO. 5178059134240218 Cap One Po Box 85015 Richmond, VA 23285			Incurred: 2012 Consideration: Revolving charge account				2,257.00
9	continuation sheets attached			Subtotal >	\$ 3,689.00		
				Total >	\$		

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)**AMENDED**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4663090150570142 Cap One Po Box 85015 Richmond, VA 23285			Incurred: 2011 Consideration: Revolving charge account				408.00
ACCOUNT NO. 5178059134240218 Capital 1 Bank* Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT, 84130							Notice Only
ACCOUNT NO. 4663090150570142 Capital 1 Bank* Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT, 84130							Notice Only
ACCOUNT NO. 14042759 Cashnet USA P.O. Box 643990 Cincinnati, OH 46264-3990			Incurred: 2013 Consideration: personal loan				692.00
ACCOUNT NO. 5047291 Cerservices P O Box 32299 Columbus, OH 43232			Incurred: 2013 original creditor Columbus City Schools				276.00
Sheet no. <u>1</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$		1,376.00
				Total >	\$		

(Use only on last page of the completed Schedule F.)
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In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 5047292 Ccrservices P O Box 32299 Columbus, OH 43232			Incurred: 2013 original creditor Columbus City Schools			124.00
ACCOUNT NO. 7-2072644 Checksmart dba Buckeye Lending Solutions LLC 1255 Parsons Avenue Columbus, OH 43206			Incurred: 07/30/2013 Consideration: personal loan			685.00
ACCOUNT NO. 16452681 Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220			Incurred: 2013 Consideration: Medical Services original creditor Columbus Radiology			76.00
ACCOUNT NO. sx6435 Choice Recovery Po Box 3521 Akron, oh 43207-1280			Collecting For Columbus Radiology			Notice Only
ACCOUNT NO. D44684226N1 Comnwth Fin 245 Main St Dickson City, PA 18519			Incurred: 2013 Consideration: Medical Services original creditor Mid Ohio Emergency Services LLC			355.00
Sheet no. <u>2</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	1,240.00
				Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			collecting for Ohio Health				
Computer Collections Inc. Claim Dpt. 009685 640 W. Fourth St, PO Box 5238 Winston-Salem, NC 27113-5238							Notice Only
ACCOUNT NO.							
Credit Control LLC P.O. Box 488 Hazelwood, MO 63042							Notice Only
ACCOUNT NO. 5438820			Incurred: 2013 Collecting For Columbus Bank And Trust Acct. No.: xxxx1767				1,497.00
Credit Control, Llc 5757 Phantom Dr Ste 330 Hazelwood, mo 63042							
ACCOUNT NO.							
First BK of DE							1,226.00
ACCOUNT NO. 6019183234672509			Incurred: 7/2012 Consideration: Medical Bills				
Ge Capital Retail Bank Po Box 965033 Orlando, FL 32896-5033							Notice Only
Sheet no. <u>3</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal > \$ 2,723.00
							Total > \$

(Use only on last page of the completed Schedule F.)
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B6F (Official Form 6F) (12/07) - Cont.

In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 6019183234672509 Gecrb/care Credit 950 Forrer Blvd Kettering, OH 45420		Incurred: 2012 Consideration: Revolving charge account			950.00
ACCOUNT NO. 6019183234672509 GECRB/Care Credit* Attn: bankruptcy PO Box 103104 Roswell, GA, 30076					Notice Only
ACCOUNT NO. 3082347212359520239 Grant Medical Center Po Box 182140 Columbus, OH 43218		Incurred: 1/18/13 Consideration: Medical Bills			1,322.00
ACCOUNT NO. Institute for Integrative Nutrition 3 East 28th St. 12th Floor New York City, NY 10016		Incurred: 2012 Consideration: tuition			2,528.00
ACCOUNT NO. 30877731 1236220861 Jp Recovery Services Po Box 1022 Wixom, mi 48393-1022		Collecting For Grant Medical Center			Notice Only
Sheet no. <u>4</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >	\$	4,800.00
			Total >	\$	

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DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 30851823 Jprecovery 20220 Center Ridge Rocky River, OH 44116			Incurred: 2013 Consideration: Medical Services original creditor Grant medical Center Regular			589.00
ACCOUNT NO. 30877731 Jprecovery 20220 Center Ridge Rocky River, OH 44116			Incurred: 2013 Consideration: Medical Services original creditor Grant Medical Center Regular			482.00
ACCOUNT NO. 30823472 Jprecovery 20220 Center Ridge Rocky River, OH 44116			Incurred: 2013 Consideration: Medical Services original creditor Grant Medical Center Regular			250.00
ACCOUNT NO. 30923083 Jprecovery 20220 Center Ridge Rocky River, OH 44116			Incurred: 2013 Consideration: Medical Services original creditor Riverside Labs New LNR			130.00
ACCOUNT NO. 4244471318020 Mcydsnb 9111 Duke Blvd Mason, OH 45040			Incurred: 1998 Consideration: Revolving charge account			1,475.00
Sheet no. <u>5</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	2,926.00
				Total >	\$	

(Use only on last page of the completed Schedule F.)
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In re Jennifer Lynn Petric,
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(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 4162480344020 Meydsnb 9111 Duke Blvd Mason, OH 45040		Incurred: 1997 Consideration: Revolving charge account			1,257.00
ACCOUNT NO. 3050381 Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Incurred: 2013 Consideration: Medical Services original creditor Michaekl Saribalas DO			676.00
ACCOUNT NO. 3213471 Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Grant Arthritis Osteop			210.00
ACCOUNT NO. 3213470 Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Grant Arthritis Osteop			99.00
ACCOUNT NO. 3247447 Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Grant Arthritis Osteop			99.00
Sheet no. <u>6</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤	\$	2,341.00
			Total ➤	\$	

(Use only on last page of the completed Schedule F.)
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In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 3213802 Meade & Associates 737 Enterprise Dr Westerville, OH 43081			Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Minimally Invasive Ortho			99.00
ACCOUNT NO. 3213803 Meade & Associates 737 Enterprise Dr Westerville, OH 43081			Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Minimally Invasive Ortho			95.00
ACCOUNT NO. 3247448 Meade & Associates 737 Enterprise Dr Westerville, OH 43081			Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Grant Arthritis Osteop			86.00
ACCOUNT NO. 3213804 Meade & Associates 737 Enterprise Dr Westerville, OH 43081			Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Minimally Invasive Ortho			85.00
ACCOUNT NO. 3213806 Meade & Associates 737 Enterprise Dr Westerville, OH 43081			Incurred: 2013 Consideration: Automobile repairs/service original creditor OHMSF/Minimally Invasive Ortho			20.00
Sheet no. <u>7</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	385.00
				Total >	\$	

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(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 3213472 Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Incurred: 2013 Consideration: Medical Services original creditor OHMSF/Grant Arthritis Osteop			19.00
ACCOUNT NO. 15747361101975 Mid-Ohio Emergency Services LLC PO box 635095 Cincinnati, OH 45263-5095		Incurred: 02/2015 Consideration: Medical Services			1,266.00
ACCOUNT NO. Mobilloans P.O. Box 42917 Philadelphia, PA 19101					Notice Only
ACCOUNT NO. MobiLoans, LLC 151 Melacon Drive Marksville, LA 71351					Notice Only
ACCOUNT NO. 2431304035 MobiLoans, LLC P.O. Box 1409 Marksville, LA 71351		Consideration: personal loan			1,000.00
Sheet no. <u>8</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤	\$	2,285.00
			Total ➤	\$	

(Use only on last page of the completed Schedule F.)
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Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Jennifer Lynn Petric,
DebtorCase No. 2:14-bk-51564
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

AMENDED

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.			attorney for HSBC Bank Nevada NA			
Nevenka Pavlovic, Esq. P.O. Box 451038 Westlake, OH 44145						Notice Only
ACCOUNT NO. 100105449			Incurred: 2015 Consideration: Medical Services			93.00
OhioHealth P.O. Box 183221 Columbus, OH 43218-3221						
ACCOUNT NO. S019557			Incurred: 2014 Consideration: Medical Services			294.00
Susan Welstner-Brunton, Ph.D. & Associates Inc. 921 Chatham Lane, Suite 112 Columbus, OH 43221						
ACCOUNT NO. 5182860004551707			Incurred: 2007 Consideration: Revolving charge account			1,225.00
Tribute Pob 105555 Atlanta, GA 30348						
ACCOUNT NO.						
Sheet no. <u>9</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ➤	\$	1,612.00
				Total ➤	\$	23,377.00

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

Fill in this information to identify your case:

Debtor 1 First Name	Jennifer Lynn Petric	
Middle Name	Last Name _____	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name _____
United States Bankruptcy Court for the: Southern		District of OH
Case number (If known)	2:14-bk-51564	

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Teacher	
Employer's name	St. Joseph Montessori School	
Employer's address	933 Hamlet Number Street Columbus, OH 43201 City State ZIP Code	
How long employed there?	3 year	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,858.00	\$ N.A.
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ N.A.
4. Calculate gross income. Add line 2 + line 3.	4. \$ 3,858.00	\$ N.A.

Jennifer Lynn Petric

2:14-bk-51564

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....	→ 4. \$ <u>3,858.00</u>	\$ <u>N.A.</u>	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>666.31</u>	\$ <u>N.A.</u>	
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N.A.</u>	
5c. Voluntary contributions for retirement plans	5c. \$ <u>77.16</u>	\$ <u>N.A.</u>	
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N.A.</u>	
5e. Insurance	5e. \$ <u>10.00</u>	\$ <u>N.A.</u>	
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N.A.</u>	
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N.A.</u>	
5h. Other deductions. Specify: <u>HSA account</u> <u>Advance 50</u>	5h. + \$ <u>645.08</u>	+ \$ <u>N.A.</u>	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>1,398.55</u>	\$ <u>N.A.</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>2,459.45</u>	\$ <u>N.A.</u>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ <u>0.00</u>	\$ <u>N.A.</u>	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N.A.</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ <u>0.00</u>	\$ <u>N.A.</u>	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N.A.</u>	
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N.A.</u>	
8f. Other government assistance that you regularly receive			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	\$ <u>0.00</u>	\$ <u>N.A.</u>	
Specify: _____	8f. \$ <u>0.00</u>		
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N.A.</u>	
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>N.A.</u>	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0.00</u>	\$ <u>N.A.</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,459.45</u>	+ \$ <u>N.A.</u> = \$ <u>2,459.45</u>	
11. State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: <u>roommate contribution</u>	11. + \$ <u>0.00</u>		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>2,459.45</u>		
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1	Jennifer Lynn Petric		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Southern	District of	OH
Case number (if known)	2:14-bk-51564		

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

daughter

Dependent's age

16

Does dependent live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 800.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 0.00
4d.	\$ 0.00

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Debtor 1 Jennifer Lynn Petric
First Name Middle Name Last Name

Case number (if known) 2:14-bk-51564

5. Additional mortgage payments for your residence, such as home equity loans

Your expenses	
5.	\$ 0.00

6. Utilities:

- 6a. Electricity, heat, natural gas
 6b. Water, sewer, garbage collection
 6c. Telephone, cell phone, Internet, satellite, and cable services
 6d. Other. Specify: _____

6a.	\$ 200.00
6b.	\$ 65.00
6c.	\$ 200.00
6d.	\$ 0.00

7. Food and housekeeping supplies

7.	\$ 440.00
8.	\$ 0.00

8. Childcare and children's education costs

8.	\$ 100.00
9.	\$ 100.00

9. Clothing, laundry, and dry cleaning

9.	\$ 100.00
10.	\$ 0.00

10. Personal care products and services

10.	\$ 0.00
11.	\$ 0.00

11. Medical and dental expenses

11.	\$ 300.00
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12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12.	\$ 100.00
-----	-----------

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13.	\$ 5.00
-----	---------

14. Charitable contributions and religious donations

14.	\$ 0.00
-----	---------

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a.	\$ 0.00
15b.	\$ 0.00
15c.	\$ 85.00
15d.	\$ 0.00

15a. Life insurance

15b. Health insurance

15c. Vehicle insurance

15d. Other insurance. Specify: American Home Shield Insurance

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16.	\$ 0.00
-----	---------

17. Installment or lease payments:

- 17a. Car payments for Vehicle 1
 17b. Car payments for Vehicle 2
 17c. Other. Specify: _____
 17d. Other. Specify: _____

17a.	\$ 0.00
17b.	\$ 0.00
17c.	\$ 0.00
17d.	\$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).

18.	\$ 0.00
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19. Other payments you make to support others who do not live with you.

Specify: ~~~~~

19.	\$ 0.00
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20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

- 20a. Mortgages on other property
 20b. Real estate taxes
 20c. Property, homeowner's, or renter's insurance
 20d. Maintenance, repair, and upkeep expenses
 20e. Homeowner's association or condominium dues

20a.	\$ 0.00
20b.	\$ 0.00
20c.	\$ 0.00
20d.	\$ 0.00
20e.	\$ 0.00

Debtor 1 Jennifer Lynn Petric
First Name Middle Name Last Name

Case number (if known) 2:14-bk-51564

21. Other. Specify: _____ 21. +\$ _____ 0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ _____ 2,395.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ _____ 2,459.45

23b. Copy your monthly expenses from line 22 above.

23b. -\$ _____ 2,395.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ _____ 64.45

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: